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Bib Data Sheet

CONFIRMATION NO. 1880

SERIAL NUMBER 10/713,874	FILING DATE 11/14/2003 RULE	CLASS 359	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. 30682-5
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APPLICANTS

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** CONTINUING DATA *****
 NONE JH

** FOREIGN APPLICATIONS *****
 NONE JH

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/11/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 5
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Verified and Acknowledged
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TITLE

Contact lens

FILING FEE RECEIVED 687	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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